PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 022052-000700US
Application Number 09/844,281	Filed April 30, 2001
For ANTHRAX SPECIFIC ANTIBODIES	
Art Unit 1645	Examiner Jennifer E. Graser

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$_____
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$_____
☒	Three months (37 CFR 1.17(a)(3))	$1020	$510	$ 510
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$_____
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$_____

☒   Applicant claims small entity status. See 37 CFR 1.27.

☐   A check in the amount of the fee is enclosed.

☐   Payment by credit card. Form PTO-2038 is attached.

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☒   The Director has already been authorized to charge fees in this application to a Deposit Account.

☒   The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   20-1430   . I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐   applicant/inventor.

☐   assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒   attorney or agent of record. Registration Number   44,461

☐   attorney or agent under 37 CFR 1.34.
    Registration number if acting under 37 CFR 1.34 _____

_____ Signature	August 15, 2005 Date
Kawai Lau, Reg. No. 44,461 Typed or printed name	(858) 350-6151 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐   Total of _____ forms are submitted.

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